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MEDICARE/MEDICAID NURSING HOME INFORMATION

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U.S. DEPARTMENT OF
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HEALTH CARE FINANCING ADMINISTRATION

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MEDICARE/MEDICAID NURSING HOME INFORMATION

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Otis R. Bowen, M.D.
Secretary
U.S. Department of Health & Human Services

William L. Roper, M.D.
Administrator
Health Care Financing Administration

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The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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The Administrator
Washington, D.C. 20201

INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

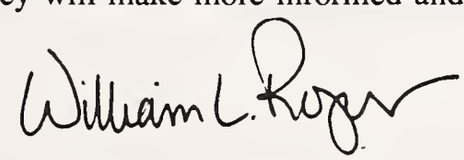
This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.



William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the ''State Government'' section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

STATE OF IDAHO

Cecil D. Andrus
Governor

DEPARTMENT OF HEALTH AND WELFARE

Richard P. Donovan
Director

Office of the Director
334-5500/Statehouse/Boise, Idaho 83720

Population and Performance of Nursing Homes in Idaho

Overview of Idaho Nursing Home Licensure Program

The purpose of the nursing home licensure program is to assure to the citizens of Idaho who now need or may need nursing home care that the facilities meet at least minimal safety, sanitation, and services requirements to maintain and promote quality of life.

Organizationally, the licensing agency is located within the Bureau of Facility Standards in the Division of Health of the Department of Health and Welfare.

The Bureau of Facility Standards, in monitoring nursing homes and issuing licenses, conducts at least an annual survey/inspection at each home. The survey consists of a team composed of health care professionals representing at least two professions; i.e., sanitarian, registered nurse, dietitian, nursing home administration, etc. A team generally is composed of one non-nurse surveyor and two registered nurses. Composition of the team depends upon the identified needs of a facility. A fire/safety specialist surveys all nursing homes. The annual survey involves a complete review of all operational aspects from building safety to care delivery.

Follow-up visits are made to homes with significant deficiencies and all complaints are investigated.

All of the preceding surveys/inspections are made unannounced.

If a new facility is developed, the licensing agency must review preliminary plans and architectural plans, and construction site visits are made throughout the development process. There is a continual follow along from inception to completion and thereafter.

Once a nursing home has passed a building evaluation/survey, a temporary license is issued for approximately three to six months. A resurvey is made prior to the expiration date to determine the ongoing ability of the nursing home to deliver services and meet requirements. If the facility passes the second survey, a full license may be issued not to exceed twelve (12) months. A license is issued annually thereafter so long as the compliance with regulations is maintained.

The licensing agency also conducts the Medicare/Medicaid surveys concurrently with the licensure surveys.

EQUAL OPPORTUNITY EMPLOYER

Overview of Enforcement System

There are only two legal options for the State to consider when problems persist at a facility.

1. Provisional License. A provisional license may be issued if a facility has persistent, repeat deficiencies or if a problem exists that is correctable, time is needed to correct, and residents are not in jeopardy.

2. Revocation. This action occurs when a serious threat to the patients is present or if there is a history of repeat violations and all other remedies have been exhausted.

There are other actions the licensing agency has found to be helpful in creating change but are not a statute or regulation.

1. Twenty-four-hour monitoring of a facility until problems are corrected. Surveyors are assigned a specific time frame to visit the facility so that a surveyor is in the facility for a portion of all three shifts for as long as is necessary to create change. This does not happen often but has been effective in certain situations.

2. Stop Admissions. This can only be done if the facility cooperates. Every facility has cooperated that has been requested by the licensing agency to stop admissions.

Resources Available to Consumers

Idaho Department of Health and Welfare
- Richard P. Donovan, Director
Division of Health - Richard H. Schultz, Administrator
Bureau of Facility Standards - Jean Schoonover, R.N., Bureau Chief
Licensing Agency - Loyal I. Perry, Licensing & Certification Supervisor
450 West State Street, 2nd Floor
Boise, Idaho 83720-9990
Phone: (208) 334-6626

The Bureau of Facility Standards within the Department of Health and Welfare is responsible for enforcing the licensure of a variety of health care facilities and shelter homes (residential care); the certification of a variety of providers/suppliers of care in the Medicare/Medicaid programs; and, the Inspection of Care for 100 percent of the Medicaid clients in nursing homes and community based programs. The Licensing and Certification agency is responsible for investigating all complaints against long term care facilities as they relate to regulations. The licensing agency and the Office on Aging have a cooperative agreement regarding the investigation of complaints.

Resources Available to Consumers
--continued--

State Office on Aging - Arlene Davidson
Ombudsman Program
Capitol Building, Room 114
Boise, Idaho 83720-9990
Phone: (208) 334-3833

The Office on Aging is directly under the Governor's Office and is responsible for a variety of services to the elderly. The State's Ombudsman program is directed from the Office on Aging. The Ombudsman program is responsible for investigating complaints relative to care and services to the elderly.

Department of Health and Welfare - Richard P. Donovan, Director
Division of Welfare - Linda Caballero, Administrator
Special Investigative Unit - Frank LeVering, Manager
450 West State Street, 7th Floor
Boise, Idaho 83720-9990
Phone: (208) 334-5750

Medicaid fraud and abuse of funds are investigated by the Special Investigative Unit of the Division of Welfare under the Department of Health and Welfare.

Results of nursing home surveys may be obtained from the Bureau of Facility Standards, Department of Health and Welfare.

Medicaid client Inspection of Care activities are located in the Bureau of Facility Standards.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region II/New York

New Jersey, New York, Puerto Rico, and Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and Nebraska

Region VII/Denver

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii, Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon, and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are ''pressure sore'' or ''decubitus.''

Catheter. See **Urinary Catheter**.

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name: Self-explanatory
Street Address: Self-explanatory
City and State: Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:

Caution: *A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.*	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE
POWER COUNTY NURSING HOME

Street Address:		City and State:	
GIFFORD AT ROOSEVELT		AMERICAN FALLS ID 83211	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	31	LOCAL GOVERNMENT	11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
29	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	89.7	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	25	86.2	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	23	79.3	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	72.4	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	75.9	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	17.2	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	5	17.2	46.9	50.8
Residents requiring restraints.	9	31.0	41.4	41.3
Confused or disoriented residents.	8	27.6	57.8	58.4
Residents with bed sores.	3	10.3	5.0	7.1
Residents receiving special skin care.	27	93.1	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOST RIVERS NURSING HOME

Street Address:		City and State:	
551 HIGHLAND DRIVE (BOX 145)		ARCO ID 83213	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	18	NON-PROFIT OTHER	06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
13	0	6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	100	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	12	92.3	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	11	84.6	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	76.9	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	53.8	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	1	7.7	46.9	50.8
Residents requiring restraints.	5	38.5	41.4	41.3
Confused or disoriented residents.	11	84.6	57.8	58.4
Residents with bed sores.	0	0.0	5.0	7.1
Residents receiving special skin care.	0	0.0	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ASHTON NURSING HOME

Street Address:		City and State:	
801 MAIN STREET, BOX 378		ASHTON ID 83420	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	12	NON-PROFIT OTHER	06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
12	0	6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	12	100	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	10	83.3	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	6	50.0	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	41.7	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	41.7	65.3	68.2
Residents on individually written bowel and bladder retraining program.	2	16.7	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	25.0	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	2	16.7	46.9	50.8
Residents requiring restraints.	0	0.0	41.4	41.3
Confused or disoriented residents.	8	66.7	57.8	58.4
Residents with bed sores.	0	0.0	5.0	7.1
Residents receiving special skin care.	2	16.7	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BINGHAM COUNTY NURSING HOME

Street Address:		City and State:	
98 POPLAR ST		BLACKFOOT ID 83221	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	76	LOCAL GOVERNMENT	02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
54	1	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	98.1	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	43	79.6	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	72.2	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	77.8	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	25.9	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	35	64.8	46.9	50.8
Residents requiring restraints.	22	40.7	41.4	41.3
Confused or disoriented residents.	44	81.5	57.8	58.4
Residents with bed sores.	3	5.6	5.0	7.1
Residents receiving special skin care.	5	9.3	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STATE HOSPITAL SOUTH GERIATRIC

Street Address:		City and State:	
BOX 400		BLACKFOOT ID 83221	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	45	STATE GOVERNMENT	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
30	0	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	63.3	63.3	78.3
Dressing				
Residents requiring some or total assistance in dressing.	17	56.7	56.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	16	53.3	53.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	56.7	56.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	60.0	60.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	0.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	33.3	33.3	29.3
Completely bedfast residents.	0	0.0	0.0	3.6
Residents confined to chairs.	1	3.3	3.3	39.1
Residents requiring restraints.	1	3.3	3.3	31.7
Confused or disoriented residents.	20	66.7	66.7	55.8
Residents with bed sores.	1	3.3	3.3	4.7
Residents receiving special skin care.	12	40.0	40.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	1	100	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	1	100	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	1	100	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	1	100	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	1	100	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	1	100	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	1	100	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	1	100	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BOISE SAMARITAN VILLAGE

Street Address:		City and State:	
3115 SYCAMORE DRIVE		BOISE ID 83703	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	194	NON-PROFIT PRIVATE	04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
178	2	121

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	149	83.7	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	146	82.0	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	123	69.1	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	125	70.2	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	106	59.6	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	60	33.7	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	55	30.9	46.9	50.8
Residents requiring restraints.	81	45.5	41.4	41.3
Confused or disoriented residents.	70	39.3	57.8	58.4
Residents with bed sores.	7	3.9	5.0	7.1
Residents receiving special skin care.	27	15.2	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAPITAL CARE CENTER

Street Address:		City and State:	
8211 USTICK		BOISE ID 83704	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	218	PROPRIETARY	02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
180	6	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	145	80.6	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	153	85.0	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	134	74.4	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	132	73.3	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	116	64.4	65.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	35.6	31.4	37.7
Completely bedfast residents.	7	3.9	1.8	3.4
Residents confined to chairs.	113	62.8	46.9	50.8
Residents requiring restraints.	68	37.8	41.4	41.3
Confused or disoriented residents.	76	42.2	57.8	58.4
Residents with bed sores.	10	5.6	5.0	7.1
Residents receiving special skin care.	40	22.2	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EMERALD CARE CENTER

Street Address:		City and State:	
808 N CURTIS AVE		BOISE ID 83704	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	164	PROPRIETARY	01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
126	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	92.9	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	114	90.5	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	103	81.7	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	69.8	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	99	78.6	65.3	68.2
Residents on individually written bowel and bladder retraining program.	4	3.2	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	41.3	31.4	37.7
Completely bedfast residents.	3	2.4	1.8	3.4
Residents confined to chairs.	70	55.6	46.9	50.8
Residents requiring restraints.	57	45.2	41.4	41.3
Confused or disoriented residents.	69	54.8	57.8	58.4
Residents with bed sores.	8	6.3	5.0	7.1
Residents receiving special skin care.	29	23.0	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct doficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRAND OAKS HEALTHCARE CENTER

Street Address:		City and State:	
316 W WASHINGTON		BOISE ID 83702	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	88	PROPRIETARY	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
80	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	70.0	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	80.0	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	72.5	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	70.0	65.3	68.2
Residents on individually written bowel and bladder retraining program.	2	2.5	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	36.2	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	64	80.0	46.9	50.8
Residents requiring restraints.	42	52.5	41.4	41.3
Confused or disoriented residents.	42	52.5	57.8	58.4
Residents with bed sores.	3	3.7	5.0	7.1
Residents receiving special skin care.	20	25.0	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLCREST CARE CENTER

Street Address:	City and State:		
1001 S HILTON ST	BOISE ID 83705		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	123	PROPRIETARY	12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
110	0	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	84.5	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	88	80.0	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	66.4	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	74.5	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	62.7	65.3	68.2
Residents on individually written bowel and bladder retraining program.	4	3.6	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	30.0	31.4	37.7
Completely bedfast residents.	4	3.6	1.8	3.4
Residents confined to chairs.	78	70.9	46.9	50.8
Residents requiring restraints.	46	41.8	41.4	41.3
Confused or disoriented residents.	70	63.6	57.8	58.4
Residents with bed sores.	13	11.8	5.0	7.1
Residents receiving special skin care.	37	33.6	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TREASURE VALLEY MANOR

Street Address:	City and State:		
909 RESERVE	BOISE ID 83702		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	165	PROPRIETARY	12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
132	0	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	88.6	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	119	90.2	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	108	81.8	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	78.8	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	73.5	65.3	68.2
Residents on individually written bowel and bladder retraining program.	3	2.3	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	65	49.2	31.4	37.7
Completely bedfast residents.	1	0.8	1.8	3.4
Residents confined to chairs.	55	41.7	46.9	50.8
Residents requiring restraints.	89	67.4	41.4	41.3
Confused or disoriented residents.	83	62.9	57.8	58.4
Residents with bed sores.	5	3.8	5.0	7.1
Residents receiving special skin care.	34	25.8	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY VIEW RETIREMENT COMMUNITY

Street Address:	City and State:		
1130 N. ALLUMBAUGH STREET	BOISE ID 83704		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	59	NON-PROFIT OTHER	03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
39	0	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	97.4	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	37	94.9	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	84.6	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	87.2	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	100	65.3	68.2
Residents on individually written bowel and bladder retraining program.	3	7.7	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	35.9	31.4	37.7
Completely bedfast residents.	1	2.6	1.8	3.4
Residents confined to chairs.	34	87.2	46.9	50.8
Residents requiring restraints.	32	82.1	41.4	41.3
Confused or disoriented residents.	38	97.4	57.8	58.4
Residents with bed sores.	1	2.6	5.0	7.1
Residents receiving special skin care.	2	5.1	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BOUNDARY COUNTY NURSING HOME

Street Address:		City and State:	
851 KANIKSU (BOX 448)		BONNERS FERRY ID 83805	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	35	NON-PROFIT OTHER	10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
26	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	100	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	26	100	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	23	88.5	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	80.8	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	38.5	31.4	37.7
Completely bedfast residents.	3	11.5	1.8	3.4
Residents confined to chairs.	14	53.8	46.9	50.8
Residents requiring restraints.	9	34.6	41.4	41.3
Confused or disoriented residents.	16	61.5	57.8	58.4
Residents with bed sores.	2	7.7	5.0	7.1
Residents receiving special skin care.	2	7.7	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARRAL'S NURSING HOME

Street Address:		City and State:	
820 SPRAGUE AVE		BUHL ID 83316	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	64	PROPRIETARY	01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
53	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	79.2	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	39	73.6	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	71.7	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	69.8	65.3	68.2
Residents on individually written bowel and bladder retraining program.	3	5.7	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	37.7	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	25	47.2	46.9	50.8
Residents requiring restraints.	31	58.5	41.4	41.3
Confused or disoriented residents.	35	66.0	57.8	58.4
Residents with bed sores.	2	3.8	5.0	7.1
Residents receiving special skin care.	19	35.8	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BURLEY CARE CENTER

Street Address:		City and State:	
1729 MILLER ST		BURLEY ID 83318	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	68	PROPRIETARY	04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
55	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	92.7	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	43	78.2	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	70.9	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	78.2	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	72.7	65.3	68.2
Residents on individually written bowel and bladder retraining program.	2	3.6	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	27.3	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	23	41.8	46.9	50.8
Residents requiring restraints.	18	32.7	41.4	41.3
Confused or disoriented residents.	26	47.3	57.8	58.4
Residents with bed sores.	5	9.1	5.0	7.1
Residents receiving special skin care.	29	52.7	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CASSIA MEMORIAL HOSPITAL

Street Address:		City and State:	
2303 PARK AVE		BURLEY ID 83318	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	34	NON-PROFIT OTHER	02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
25	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	80.0	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	20	80.0	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	19	76.0	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	80.0	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	72.0	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	28.0	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	3	12.0	46.9	50.8
Residents requiring restraints.	10	40.0	41.4	41.3
Confused or disoriented residents.	8	32.0	57.8	58.4
Residents with bed sores.	0	0.0	5.0	7.1
Residents receiving special skin care.	5	20.0	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CALDWELL CARE CENTER

Street Address:		City and State:	
210 CLEVELAND		CALDWELL ID 83605	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	75	PROPRIETARY	09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
69	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	97.1	83.1	81.5
Dressing Residents requiring some or total assistance in dressing.	53	76.8	81.0	83.2
Toileting Residents requiring some or total assistance in toileting.	53	76.8	73.2	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	73.9	84.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	60.9	65.3	68.2
Residents on individually written bowel and bladder retraining program.	3	4.3	3.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	20.3	31.4	37.7
Completely bedfast residents.	2	2.9	1.8	3.4
Residents confined to chairs.	28	40.6	46.9	50.8
Residents requiring restraints.	26	37.7	41.4	41.3
Confused or disoriented residents.	31	44.9	57.8	58.4
Residents with bed sores.	4	5.8	5.0	7.1
Residents receiving special skin care.	22	31.9	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CASCADE CARE CENTER

Street Address:	City and State:		
2814 SOUTH INDIANA AVE	CALDWELL ID 83605		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	112	PROPRIETARY	09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
100	0	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	8	8.0	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	82.0	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	79.0	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	71.0	65.3	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	15.0	31.4	37.7
Completely bedfast residents.	3	3.0	1.8	3.4
Residents confined to chairs.	51	51.0	46.9	50.8
Residents requiring restraints.	31	31.0	41.4	41.3
Confused or disoriented residents.	51	51.0	57.8	58.4
Residents with bed sores.	4	4.0	5.0	7.1
Residents receiving special skin care.	14	14.0	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
IDAHO HEALTHCARE CTR--COEUR D'ALENE

Street Address:		City and State:	
2200 IRONWOOD PLACE		COEUR D'ALENE ID 83814	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	125	PROPRIETARY	03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
107	0	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	92.5	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	76	71.0	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	72.9	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	62.6	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	55.1	65.3	68.2
Residents on individually written bowel and bladder retraining program.	5	4.7	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	39.3	31.4	37.7
Completely bedfast residents.	1	0.9	1.8	3.4
Residents confined to chairs.	37	34.6	46.9	50.8
Residents requiring restraints.	37	34.6	41.4	41.3
Confused or disoriented residents.	55	51.4	57.8	58.4
Residents with bed sores.	9	8.4	5.0	7.1
Residents receiving special skin care.	36	33.6	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINEWOOD CARE CENTER

Street Address:		City and State:	
2514 N SEVENTH ST		COEUR D'ALENE ID 83814	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	89	PROPRIETARY	03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
82	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	98.8	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	69	84.1	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	57	69.5	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	69.5	65.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	32.9	31.4	37.7
Completely bedfast residents.	2	2.4	1.8	3.4
Residents confined to chairs.	61	74.4	46.9	50.8
Residents requiring restraints.	16	19.5	41.4	41.3
Confused or disoriented residents.	57	69.5	57.8	58.4
Residents with bed sores.	5	6.1	5.0	7.1
Residents receiving special skin care.	1	1.2	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNSET TERRACE CONVALESCENT CENTER

Street Address:		City and State:	
210 LACROSSE STREET		COEUR D'ALENE ID 83814	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	89	PROPRIETARY	03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
85	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	96.5	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	87.1	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	84.7	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	78.8	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	84.7	65.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	41.2	31.4	37.7
Completely bedfast residents.	2	2.4	1.8	3.4
Residents confined to chairs.	31	36.5	46.9	50.8
Residents requiring restraints.	36	42.4	41.4	41.3
Confused or disoriented residents.	60	70.6	57.8	58.4
Residents with bed sores.	3	3.5	5.0	7.1
Residents receiving special skin care.	2	2.4	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20 0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNSET TERRACE EXTENDED CARE

Street Address:		City and State:	
2003 LINCOLN WAY		COEUR D'ALENE ID 83814	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	32	PROPRIETARY	10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
29	0	7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	48.3	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	25	86.2	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	23	79.3	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	86.2	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	44.8	65.3	68.2
Residents on individually written bowel and bladder retraining program.	1	3.4	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	20.7	31.4	37.7
Completely bedfast residents.	3	10.3	1.8	3.4
Residents confined to chairs.	6	20.7	46.9	50.8
Residents requiring restraints.	11	37.9	41.4	41.3
Confused or disoriented residents.	19	65.5	57.8	58.4
Residents with bed sores.	3	10.3	5.0	7.1
Residents receiving special skin care.	0	0.0	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EMMETT CARE CENTER

Street Address:		City and State:	
714 NORTH BUTTE		EMMETT ID 83617	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	95	PROPRIETARY	09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
68	1	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	69.1	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	52	76.5	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	70.6	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	79.4	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	58.8	65.3	68.2
Residents on individually written bowel and bladder retraining program.	3	4.4	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	32.4	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	33	48.5	46.9	50.8
Residents requiring restraints.	28	41.2	41.4	41.3
Confused or disoriented residents.	33	48.5	57.8	58.4
Residents with bed sores.	5	7.4	5.0	7.1
Residents receiving special skin care.	5	7.4	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLLY HILLS CARE CENTER

Street Address:		City and State:	
501 W IDAHO BLVD		EMMETT ID 83617	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	39	PROPRIETARY	02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
38	0	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	63.2	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	33	86.8	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	32	84.2	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	60.5	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	26.3	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	18	47.4	46.9	50.8
Residents requiring restraints.	17	44.7	41.4	41.3
Confused or disoriented residents.	24	63.2	57.8	58.4
Residents with bed sores.	0	0.0	5.0	7.1
Residents receiving special skin care.	38	100	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREEN ACRES CARE CENTER

Street Address:		City and State:	
1220 MONTANA ST		GOODING ID 83330	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	76	PROPRIETARY	11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
52	1	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	63.5	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	36	69.2	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	73.1	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	67.3	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	44.2	65.3	68.2
Residents on individually written bowel and bladder retraining program.	2	3.8	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	19.2	31.4	37.7
Completely bedfast residents.	3	5.8	1.8	3.4
Residents confined to chairs.	36	69.2	46.9	50.8
Residents requiring restraints.	8	15.4	41.4	41.3
Confused or disoriented residents.	0	0.0	57.8	58.4
Residents with bed sores.	3	5.8	5.0	7.1
Residents receiving special skin care.	1	1.9	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRANGEVILLE CONVALESCENT CENTER

Street Address:		City and State:	
410 E N SECOND ST		GRANGEVILLE ID 83530	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	46	PROPRIETARY	11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
37	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	100	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	30	81.1	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	32	86.5	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	67.6	65.3	68.2
Residents on individually written bowel and bladder retraining program.	1	2.7	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	27.0	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	26	70.3	46.9	50.8
Residents requiring restraints.	15	40.5	41.4	41.3
Confused or disoriented residents.	22	59.5	57.8	58.4
Residents with bed sores.	3	8.1	5.0	7.1
Residents receiving special skin care.	3	8.1	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
IDAHO COUNTY NURSING HOME

Street Address:		City and State:	
W 722 NORTH ST		GRANGEVILLE ID 83530	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	35	LOCAL GOVERNMENT	03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
35	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	88.6	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	29	82.9	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	29	82.9	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	77.1	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	60.0	65.3	68.2
Residents on individually written bowel and bladder retraining program.	2	5.7	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	22.9	31.4	37.7
Completely bedfast residents.	1	2.9	1.8	3.4
Residents confined to chairs.	22	62.9	46.9	50.8
Residents requiring restraints.	15	42.9	41.4	41.3
Confused or disoriented residents.	16	45.7	57.8	58.4
Residents with bed sores.	0	0.0	5.0	7.1
Residents receiving special skin care.	3	8.6	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BLAINE MANOR

Street Address:		City and State:	
BOX 927		HAILEY ID 83333	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	25	LOCAL GOVERNMENT	11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
23	0	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	100	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	21	91.3	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	19	82.6	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	56.5	65.3	68.2
Residents on individually written bowel and bladder retraining program.	2	8.7	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	17.4	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	6	26.1	46.9	50.8
Residents requiring restraints.	9	39.1	41.4	41.3
Confused or disoriented residents.	14	60.9	57.8	58.4
Residents with bed sores.	1	4.3	5.0	7.1
Residents receiving special skin care.	1	4.3	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOMEDALE NURSING HOME

Street Address:		City and State:	
108 W OWYHEE (BOX 96)		HOMEDALE ID 83628	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	38	PROPRIETARY	08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
33	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	97.0	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	22	66.7	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	21	63.6	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	48.5	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	33.3	31.4	37.7
Completely bedfast residents.	3	9.1	1.8	3.4
Residents confined to chairs.	20	60.6	46.9	50.8
Residents requiring restraints.	13	39.4	41.4	41.3
Confused or disoriented residents.	12	36.4	57.8	58.4
Residents with bed sores.	0	0.0	5.0	7.1
Residents receiving special skin care.	2	6.1	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOOD SAMARITAN CENTER

Street Address:	City and State:		
840 EAST ELVA STREET	IDAHO FALLS ID 83401		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	144	NON-PROFIT RELIGIOUS	09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
137	21	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	113	82.5	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	95	69.3	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	98	71.5	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	81.8	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	93	67.9	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	35.8	31.4	37.7
Completely bedfast residents.	1	0.7	1.8	3.4
Residents confined to chairs.	57	41.6	46.9	50.8
Residents requiring restraints.	62	45.3	41.4	41.3
Confused or disoriented residents.	92	67.2	57.8	58.4
Residents with bed sores.	8	5.8	5.0	7.1
Residents receiving special skin care.	21	15.3	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY CARE CENTER

Street Address:		City and State:	
2725 E 17TH		IDAHO FALLS ID 83401	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	110	PROPRIETARY	05/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
102	2	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	97.1	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	83.3	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	74.5	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	72.5	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	22.5	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	22	21.6	46.9	50.8
Residents requiring restraints.	38	37.3	41.4	41.3
Confused or disoriented residents.	60	58.8	57.8	58.4
Residents with bed sores.	1	1.0	5.0	7.1
Residents receiving special skin care.	31	30.4	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST BENEDICT'S FAMILY MED CTR, INC LTCU

Street Address:		City and State:	
709 N LINCOLN AVE		JEROME ID 83338	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	40	NON-PROFIT RELIGIOUS	05/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
28	2	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	100	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	23	82.1	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	23	82.1	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	78.6	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	53.6	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	17.9	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	21	75.0	46.9	50.8
Residents requiring restraints.	9	32.1	41.4	41.3
Confused or disoriented residents.	25	89.3	57.8	58.4
Residents with bed sores.	0	0.0	5.0	7.1
Residents receiving special skin care.	1	3.6	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHOSHONE LIVING CENTER

Street Address:		City and State:	
601 WEST CAMERON AVE (BOX 689)		KELLOGG ID 83837	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	68	PROPRIETARY	07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
68	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	95.6	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	82.4	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	52.9	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	70.6	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	77.9	65.3	68.2
Residents on individually written bowel and bladder retraining program.	4	5.9	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	29.4	31.4	37.7
Completely bedfast residents.	2	2.9	1.8	3.4
Residents confined to chairs.	23	33.8	46.9	50.8
Residents requiring restraints.	28	41.2	41.4	41.3
Confused or disoriented residents.	28	41.2	57.8	58.4
Residents with bed sores.	3	4.4	5.0	7.1
Residents receiving special skin care.	27	39.7	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHOSHONE MED CTR EXTENDED CARE UNIT

Street Address:		City and State:	
JACOBS GULCH		KELLOGG ID 83837	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	20	NON-PROFIT OTHER	10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
9	0	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	3	33.3	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	5	55.6	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	4	44.4	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	88.9	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	22.2	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	2	22.2	46.9	50.8
Residents requiring restraints.	0	0.0	41.4	41.3
Confused or disoriented residents.	2	22.2	57.8	58.4
Residents with bed sores.	0	0.0	5.0	7.1
Residents receiving special skin care.	4	44.4	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOUNTAIN VIEW CARE CENTER

Street Address:	City and State:		
500 POLK ST E (BOX X, ROUTE 1)	KIMBERLY ID 83341		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	64	PROPRIETARY	07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
61	1	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	31	50.8	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	75.4	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	46	75.4	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	73.8	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	57.4	65.3	68.2
Residents on individually written bowel and bladder retraining program.	6	9.8	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	37.7	31.4	37.7
Completely bedfast residents.	2	3.3	1.8	3.4
Residents confined to chairs.	44	72.1	46.9	50.8
Residents requiring restraints.	37	60.7	41.4	41.3
Confused or disoriented residents.	39	63.9	57.8	58.4
Residents with bed sores.	7	11.5	5.0	7.1
Residents receiving special skin care.	41	67.2	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEWISTON CARE CENTER

Street Address:		City and State:	
3315 EIGHTH ST		LEWISTON ID 83501	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	96	PROPRIETARY	11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	1	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	80.0	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	87.4	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	82.1	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	72.6	65.3	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	32.6	31.4	37.7
Completely bedfast residents.	1	1.1	1.8	3.4
Residents confined to chairs.	70	73.7	46.9	50.8
Residents requiring restraints.	59	62.1	41.4	41.3
Confused or disoriented residents.	62	65.3	57.8	58.4
Residents with bed sores.	3	3.2	5.0	7.1
Residents receiving special skin care.	28	29.5	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ORCHARDS VILLA NURSING CENTER

Street Address:		City and State:	
1014 BURRELL AVENUE		LEWISTON ID 83501	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	140	PROPRIETARY	12/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
125	0	94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	87.2	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	88	70.4	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	90	72.0	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	76.0	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	100	80.0	65.3	68.2
Residents on individually written bowel and bladder retraining program.	4	3.2	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	33.6	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	16	12.8	46.9	50.8
Residents requiring restraints.	27	21.6	41.4	41.3
Confused or disoriented residents.	75	60.0	57.8	58.4
Residents with bed sores.	12	9.6	5.0	7.1
Residents receiving special skin care.	27	21.6	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ONEIDA COUNTY NURSING HOME

Street Address:		City and State:	
150 NORTH 200 WEST (BOX 182)		MALAD ID 83252	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	24	LOCAL GOVERNMENT	10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
24	0	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	100	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	19	79.2	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	23	95.8	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	95.8	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	87.5	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	25.0	31.4	37.7
Completely bedfast residents.	1	4.2	1.8	3.4
Residents confined to chairs.	5	20.8	46.9	50.8
Residents requiring restraints.	5	20.8	41.4	41.3
Confused or disoriented residents.	22	91.7	57.8	58.4
Residents with bed sores.	2	8.3	5.0	7.1
Residents receiving special skin care.	0	0.0	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PAYETTE LAKES CARE CENTER

Street Address:		City and State:	
201 FLOYD ST (P O BOX P)		MCCALL ID 83638	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	64	PROPRIETARY	06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	81.7	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	49	81.7	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	70.0	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	68.3	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	15.0	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	31	51.7	46.9	50.8
Residents requiring restraints.	17	28.3	41.4	41.3
Confused or disoriented residents.	19	31.7	57.8	58.4
Residents with bed sores.	2	3.3	5.0	7.1
Residents receiving special skin care.	6	10.0	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEAR LAKE MEMORIAL NURSING HOME

Street Address:		City and State:	
164 SOUTH FIFTH		MONTPELIER ID 83254	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	37	NON-PROFIT OTHER	07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
32	10	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	100	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	26	81.3	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	29	90.6	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	75.0	65.3	68.2
Residents on individually written bowel and bladder retraining program.	2	6.3	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	50.0	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	3	9.4	46.9	50.8
Residents requiring restraints.	10	31.3	41.4	41.3
Confused or disoriented residents.	24	75.0	57.8	58.4
Residents with bed sores.	1	3.1	5.0	7.1
Residents receiving special skin care.	32	100	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOOD SAMARITAN VILLAGE

Street Address:		City and State:	
640 NORTH EISENHOWER ST		MOSCOW ID 83843	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	60	NON-PROFIT OTHER	04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
53	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	100	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	49	92.5	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	90.6	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	81.1	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	39.6	31.4	37.7
Completely bedfast residents.	1	1.9	1.8	3.4
Residents confined to chairs.	8	15.1	46.9	50.8
Residents requiring restraints.	8	15.1	41.4	41.3
Confused or disoriented residents.	40	75.5	57.8	58.4
Residents with bed sores.	1	1.9	5.0	7.1
Residents receiving special skin care.	4	7.5	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LATAH CARE CENTER

Street Address:	City and State:		
W 510 PALOUSE RIVER DR	MOSCOW ID 83843		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	122	NON-PROFIT OTHER	04/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
68	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	88.2	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	80.9	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	47	69.1	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	75.0	65.3	68.2
Residents on individually written bowel and bladder retraining program.	2	2.9	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	32.4	31.4	37.7
Completely bedfast residents.	3	4.4	1.8	3.4
Residents confined to chairs.	52	76.5	46.9	50.8
Residents requiring restraints.	29	42.6	41.4	41.3
Confused or disoriented residents.	45	66.2	57.8	58.4
Residents with bed sores.	0	0.0	5.0	7.1
Residents receiving special skin care.	1	1.5	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOSCOW CARE CENTER

Street Address:		City and State:	
420 ROWE ST (BOX 9406)		MOSCOW ID 83843	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	94	PROPRIETARY	05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
72	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	11	15.3	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	52	72.2	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	29	40.3	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	55.6	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	40.3	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	18.1	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	37	51.4	46.9	50.8
Residents requiring restraints.	22	30.6	41.4	41.3
Confused or disoriented residents.	27	37.5	57.8	58.4
Residents with bed sores.	1	1.4	5.0	7.1
Residents receiving special skin care.	20	27.8	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELMORE MEMORIAL NURSING HOME

Street Address:		City and State:	
895 N SIXTH E (P O DRAWER H)		MOUNTAIN HOME ID 83647	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	55	LOCAL GOVERNMENT	05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
46	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	78.3	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	40	87.0	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	80.4	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	80.4	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	82.6	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	34.8	31.4	37.7
Completely bedfast residents.	10	21.7	1.8	3.4
Residents confined to chairs.	27	58.7	46.9	50.8
Residents requiring restraints.	29	63.0	41.4	41.3
Confused or disoriented residents.	33	71.7	57.8	58.4
Residents with bed sores.	4	8.7	5.0	7.1
Residents receiving special skin care.	8	17.4	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLLY CARE CENTER

Street Address:		City and State:	
472 CALDWELL BLVD		NAMPA ID 83651	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	50	PROPRIETARY	12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	85.7	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	39	79.6	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	79.6	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	57.1	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	30.6	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	19	38.8	46.9	50.8
Residents requiring restraints.	20	40.8	41.4	41.3
Confused or disoriented residents.	44	89.8	57.8	58.4
Residents with bed sores.	0	0.0	5.0	7.1
Residents receiving special skin care.	33	67.3	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MIDLAND CARE CENTER

Street Address:		City and State:	
436 MIDLAND BLVD (P O BOX 397)		NAMPA ID 83651	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	112	PROPRIETARY	01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
101	2	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	88.1	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	76.2	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	68.3	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	72.3	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	64.4	65.3	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	36.6	31.4	37.7
Completely bedfast residents.	2	2.0	1.8	3.4
Residents confined to chairs.	28	27.7	46.9	50.8
Residents requiring restraints.	43	42.6	41.4	41.3
Confused or disoriented residents.	56	55.4	57.8	58.4
Residents with bed sores.	12	11.9	5.0	7.1
Residents receiving special skin care.	47	46.5	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NAMPA CARE CENTER

Street Address:		City and State:	
404 HORTON (P O BOX 280)		NAMPA ID 83651	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	151	PROPRIETARY	02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
129	2	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	90.7	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	88	68.2	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	88	68.2	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	68.2	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	56.6	65.3	68.2
Residents on individually written bowel and bladder retraining program.	3	2.3	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	33.3	31.4	37.7
Completely bedfast residents.	1	0.8	1.8	3.4
Residents confined to chairs.	42	32.6	46.9	50.8
Residents requiring restraints.	54	41.9	41.4	41.3
Confused or disoriented residents.	111	86.0	57.8	58.4
Residents with bed sores.	9	7.0	5.0	7.1
Residents receiving special skin care.	38	29.5	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNNY RIDGE MANOR

Street Address:		City and State:	
2609 SUNNYBROOK DRIVE		NAMPA ID 83651	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	30	NON-PROFIT PRIVATE	10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
26	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	100	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	22	84.6	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	21	80.8	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	80.8	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	23.1	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	15	57.7	46.9	50.8
Residents requiring restraints.	7	26.9	41.4	41.3
Confused or disoriented residents.	14	53.8	57.8	58.4
Residents with bed sores.	0	0.0	5.0	7.1
Residents receiving special skin care.	4	15.4	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OROFINO CARE CENTER

Street Address:		City and State:	
BOX 1502, AHSAHKA ROAD		OROFINO ID 83544	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	60	NON-PROFIT PRIVATE	08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
57	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	82.5	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	50	87.7	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	68.4	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	68.4	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	63.2	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	17.5	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	15	26.3	46.9	50.8
Residents requiring restraints.	11	19.3	41.4	41.3
Confused or disoriented residents.	32	56.1	57.8	58.4
Residents with bed sores.	2	3.5	5.0	7.1
Residents receiving special skin care.	18	31.6	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CASA LOMA CONVALESCENT CENTER

Street Address:		City and State:	
1019 THIRD AVE S		PAYETTE ID 83661	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	103	PROPRIETARY	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
90	0	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	82.2	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	82.2	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	58.9	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	75.6	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	58.9	65.3	68.2
Residents on individually written bowel and bladder retraining program.	43	47.8	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	33.3	31.4	37.7
Completely bedfast residents.	1	1.1	1.8	3.4
Residents confined to chairs.	20	22.2	46.9	50.8
Residents requiring restraints.	53	58.9	41.4	41.3
Confused or disoriented residents.	50	55.6	57.8	58.4
Residents with bed sores.	4	4.4	5.0	7.1
Residents receiving special skin care.	20	22.2	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BANNOCK COUNTY NURSING HOME

Street Address:	City and State:		
527 MEMORIAL DRIVE	POCATELLO ID 83201		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	56	LOCAL GOVERNMENT	07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
56	1	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	85.7	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	82.1	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	78.6	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	82.1	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	82.1	65.3	68.2
Residents on individually written bowel and bladder retraining program.	2	3.6	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	46.4	31.4	37.7
Completely bedfast residents.	1	1.8	1.8	3.4
Residents confined to chairs.	19	33.9	46.9	50.8
Residents requiring restraints.	34	60.7	41.4	41.3
Confused or disoriented residents.	37	66.1	57.8	58.4
Residents with bed sores.	2	3.6	5.0	7.1
Residents receiving special skin care.	6	10.7	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLCREST HAVEN CONVALESCENT CENTER

Street Address:		City and State:	
1071 RENEE AVE		POCATELLO ID 83201	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	113	PROPRIETARY	04/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
102	2	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	84.3	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	76.5	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	76.5	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	80.4	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	79.4	65.3	68.2
Residents on individually written bowel and bladder retraining program.	3	2.9	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	20.6	31.4	37.7
Completely bedfast residents.	2	2.0	1.8	3.4
Residents confined to chairs.	68	66.7	46.9	50.8
Residents requiring restraints.	46	45.1	41.4	41.3
Confused or disoriented residents.	75	73.5	57.8	58.4
Residents with bed sores.	3	2.9	5.0	7.1
Residents receiving special skin care.	26	25.5	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SKYLINE HEALTHCARE CENTER

Street Address:		City and State:	
2200 EAST TERRY		POCATELLO ID 83201	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	121	PROPRIETARY	03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
93	1	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	96.8	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	78.5	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	68.8	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	71.0	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	71.0	65.3	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	36.6	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	50	53.8	46.9	50.8
Residents requiring restraints.	35	37.6	41.4	41.3
Confused or disoriented residents.	61	65.6	57.8	58.4
Residents with bed sores.	5	5.4	5.0	7.1
Residents receiving special skin care.	15	16.1	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANKLIN COUNTY NURSING HOME

Street Address:		City and State:	
44 NORTH FIRST EAST		PRESTON ID 83263	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	45	LOCAL GOVERNMENT	10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
45	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	71.1	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	38	84.4	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	32	71.1	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	80.0	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	33.3	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	13	28.9	46.9	50.8
Residents requiring restraints.	14	31.1	41.4	41.3
Confused or disoriented residents.	26	57.8	57.8	58.4
Residents with bed sores.	2	4.4	5.0	7.1
Residents receiving special skin care.	1	2.2	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REXBURG NURSING CENTER

Street Address:		City and State:	
660 SOUTH 200 WEST		REXBURG ID 83440	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	77	PROPRIETARY	03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
3	0	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	3	100	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	3	100	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	3	100	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	66.7	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	33.3	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	2	66.7	46.9	50.8
Residents requiring restraints.	1	33.3	41.4	41.3
Confused or disoriented residents.	0	0.0	57.8	58.4
Residents with bed sores.	0	0.0	5.0	7.1
Residents receiving special skin care.	1	33.3	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MINIDOKA MEMORIAL HOSPITAL

Street Address:		City and State:	
1224 EIGHTH ST		RUPERT ID 83350	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	78	LOCAL GOVERNMENT	10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
76	1	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	78.9	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	75.0	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	57	75.0	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	71.1	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	53.9	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	25.0	31.4	37.7
Completely bedfast residents.	1	1.3	1.8	3.4
Residents confined to chairs.	20	26.3	46.9	50.8
Residents requiring restraints.	21	27.6	41.4	41.3
Confused or disoriented residents.	31	40.8	57.8	58.4
Residents with bed sores.	4	5.3	5.0	7.1
Residents receiving special skin care.	60	78.9	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY VISTA CARE CENTER

Street Address:		City and State:	
820 ELM STREET		SAINT MARIES ID 83861	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	60.3	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	81.0	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	62.1	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	55.2	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	43.1	31.4	37.7
Completely bedfast residents.	4	6.9	1.8	3.4
Residents confined to chairs.	30	51.7	46.9	50.8
Residents requiring restraints.	30	51.7	41.4	41.3
Confused or disoriented residents.	9	15.5	57.8	58.4
Residents with bed sores.	3	5.2	5.0	7.1
Residents receiving special skin care.	14	24.1	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SALMON VALLEY CARE CENTER

Street Address:	City and State:		
ROUTE 1, BOX 221	SALMON ID 83467		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	39	PROPRIETARY	05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
30	6	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	90.0	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	22	73.3	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	19	63.3	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	66.7	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	13.3	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	7	23.3	46.9	50.8
Residents requiring restraints.	11	36.7	41.4	41.3
Confused or disoriented residents.	23	76.7	57.8	58.4
Residents with bed sores.	0	0.0	5.0	7.1
Residents receiving special skin care.	7	23.3	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SANDPOINT MANOR

Street Address:	City and State:		
220 S DIVISION (RTE 2, BOX 145)	SANDPOINT ID 83864		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	89	PROPRIETARY	06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
82	1	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	97.6	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	90.2	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	84.1	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	65.9	65.3	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	30.5	31.4	37.7
Completely bedfast residents.	1	1.2	1.8	3.4
Residents confined to chairs.	10	12.2	46.9	50.8
Residents requiring restraints.	52	63.4	41.4	41.3
Confused or disoriented residents.	68	82.9	57.8	58.4
Residents with bed sores.	3	3.7	5.0	7.1
Residents receiving special skin care.	20	24.4	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOOD RIVER CONVALESCENT CENTER

Street Address:		City and State:	
511 EAST FOURTH		SHOSHONE ID 83352	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	40	NON-PROFIT OTHER	11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
35	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	97.1	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	24	68.6	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	25	71.4	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	74.3	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	14.3	65.3	68.2
Residents on individually written bowel and bladder retraining program.	3	8.6	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	54.3	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	18	51.4	46.9	50.8
Residents requiring restraints.	15	42.9	41.4	41.3
Confused or disoriented residents.	19	54.3	57.8	58.4
Residents with bed sores.	0	0.0	5.0	7.1
Residents receiving special skin care.	10	28.6	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SILVERWOOD GOOD SAMARITAN CENTER

Street Address:	City and State:		
SEVENTH STREET (P O BOX 358)	SILVERTON ID 83867		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	80	NON-PROFIT OTHER	10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
76	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	96.1	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	84.2	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	73.7	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	78.9	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	59.2	65.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	32.9	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	43	56.6	46.9	50.8
Residents requiring restraints.	27	35.5	41.4	41.3
Confused or disoriented residents.	42	55.3	57.8	58.4
Residents with bed sores.	6	7.9	5.0	7.1
Residents receiving special skin care.	4	5.3	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARIBOU MEMORIAL NURSING HOME

Street Address:		City and State:	
300 SOUTH THIRD WEST		SODA SPRINGS ID 83276	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	37	LOCAL GOVERNMENT	04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
33	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	45.5	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	27	81.8	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	21	63.6	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	9	27.3	65.3	68.2
Residents on individually written bowel and bladder retraining program.	31	93.9	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	15.2	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	6	18.2	46.9	50.8
Residents requiring restraints.	12	36.4	41.4	41.3
Confused or disoriented residents.	10	30.3	57.8	58.4
Residents with bed sores.	1	3.0	5.0	7.1
Residents receiving special skin care.	2	6.1	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TWIN FALLS CARE CENTER

Street Address:	City and State:		
874 EASTLAND	TWIN FALLS ID 83301		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
36	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	15	41.7	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	30	83.3	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	21	58.3	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	36.1	65.3	68.2
Residents on individually written bowel and bladder retraining program.	5	13.9	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	13.9	31.4	37.7
Completely bedfast residents.	1	2.8	1.8	3.4
Residents confined to chairs.	22	61.1	46.9	50.8
Residents requiring restraints.	8	22.2	41.4	41.3
Confused or disoriented residents.	17	47.2	57.8	58.4
Residents with bed sores.	2	5.6	5.0	7.1
Residents receiving special skin care.	2	5.6	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEST MAGIC CARE CENTER

Street Address:		City and State:	
640 FILER AVENUE WEST		TWIN FALLS ID 83301	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	184	PROPRIETARY	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
146	1	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	146	100	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	141	96.6	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	114	78.1	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	146	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	50.7	65.3	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	37.0	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	123	84.2	46.9	50.8
Residents requiring restraints.	70	47.9	41.4	41.3
Confused or disoriented residents.	92	63.0	57.8	58.4
Residents with bed sores.	9	6.2	5.0	7.1
Residents receiving special skin care.	15	10.3	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEISER CARE CENTER

Street Address:		City and State:	
331 EAST PARK ST		WEISER ID 83672	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	89	PROPRIETARY	08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
85	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	84.7	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	77.6	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	57	67.1	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	100	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	51.8	65.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	20.0	31.4	37.7
Completely bedfast residents.	0	0.0	1.8	3.4
Residents confined to chairs.	52	61.2	46.9	50.8
Residents requiring restraints.	41	48.2	41.4	41.3
Confused or disoriented residents.	67	78.8	57.8	58.4
Residents with bed sores.	2	2.4	5.0	7.1
Residents receiving special skin care.	36	42.4	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	13.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	25	38.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	29.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	27	41.5	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	4.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	7.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	21	32.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	12	18.5	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	11	16.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	6.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	4	6.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	9.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	13	20.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	7	10.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAGIC VALLEY MANOR

Street Address:		City and State:	
N IDAHO ST (P O BOX 306)		WENDELL ID 83355	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	40	PROPRIETARY	09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
32	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	93.8	83.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	25	78.1	81.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	19	59.4	73.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	59.4	84.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	53.1	65.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	15.6	31.4	37.7
Completely bedfast residents.	2	6.3	1.8	3.4
Residents confined to chairs.	19	59.4	46.9	50.8
Residents requiring restraints.	9	28.1	41.4	41.3
Confused or disoriented residents.	6	18.8	57.8	58.4
Residents with bed sores.	0	0.0	5.0	7.1
Residents receiving special skin care.	3	9.4	24.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	1.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	7.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	12.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	33.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.5	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.5	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	28	43.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	23	35.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	24.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	47	72.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	20	30.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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Drugs are administered according to the written orders of the attending physician.	NOT MET	27	41.5	2739	29.0
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* U.S. GOVERNMENT PRINTING OFFICE:1988-222-917

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